

# Illness and Safety Release Form

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As the Parent or Guardian of \_\_\_\_\_, I hereby give consent for **Montessori of**

Child's Name

**Calabasas** to take every precaution necessary to ensure the health and safety of my child. This care may be provided under whatever conditions necessary to ensure the health and safety of the child named above. I understand that the administrative team will attempt to contact me and discuss immediate options for the health and safety of my child.

This includes:

~anything that may be hindering my child's physical ability to be safe

~illness: Children **MUST** be picked up within one hour of onset of any symptoms listed: ~A

**temperature of 99.5 or higher ~ Eyes with green/yellow discharge (may also become red & swollen) ~ Excessive wheezing or coughing ~ Green/yellow nasal discharge associated with cold/flu like symptoms ~ Diarrhea (two runny stools in a row) ~ Vomiting ~ Undetermined rash or sores ~ Head Lice ~ Inability to participate comfortably in daily routine/activities**

I understand that it is the responsibility of the parent/guardian to have a plan in place in the event that their child becomes ill. If the facility is unable reach me, I authorized the persons listed below to take my child from the facility.

NAME	PHONE NUMBER	RELATIONSHIP

Once immediate measures have been put in place, the administrative team will contact me to discuss how we can work together to provide the appropriate health and safety measures moving forward.

\_\_\_\_\_  
Parent or Authorized Representative Signature  
Date

\_\_\_\_\_  
Print Name

Home Address:

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( ) ( ) ( )

Home Phone  
Phone

Cell Phone

Work